

PATENT NUMBER

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| <p>O.I.P.E.</p> <p>HKM PD</p> <p>SCANNED Q.A. Am</p> | <p>PATENT DATE</p> |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
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|   |  |             |            | Amount Due                        | Date Paid            |
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